**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                      |   |   |                |   |                               |                  |   | SMALL ENTITY TYPE   |                        | OTHER THAN<br>OR SMALL ENTITY |   |                        |
|---|---|---|----------------|---|-------------------------------|------------------|---|---------------------|------------------------|-------------------------------|---|------------------------|
| TOTAL CLAIMS  |   |   |                |   |                               |                  |   | RATE                | FEE                    | ſ                             | RATE                                    | FEE                    |
| FOR   |   |   | NUMBER FILED   |   | NUMB                          | ER EXTRA         |   | BASIC FEE           | 355.00                 | OR                            | BASIC FEE                               | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |   |   | //// minus 20= |   |                               | 84               |   | X\$ 9=              |                        | OR                            | X\$18=                                  | 1512                   |
| INDEPENDENT CLAIMS  |   |   | 7 minus 3 =    |   | *                             | 4                |   | X40=                |                        | OR                            | X80=                                    | 320                    |
| MU  | LTIPLE DEPEN  | DENT CLAIM PI                             | RESENT         |   |                               |                  |   | +135=               |                        | OR                            | +270=                                   |                        |
| * If  | the difference  | in column 1 is                            | less than ze   | ro, ente                                  | r "0" in c                    | olumn 2          |   | TOTAL               |                        | OR                            | TOTAL                                   | 2542                   |
|   | Bci   | LAIMS AS A                                | MENDED         | IENDED - PART II<br>(Column 2) (Column 3) |                               |                  |   | SMALL E             | NTITY                  | OR                            | OTHER<br>SMALL                          |                        |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUM<br>PREVIO<br>PAID             | BER                           | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|   | Total   | · 24                                      | Minus          | /0  | 4                             | =                |   | X\$ 9=              |                        | OR                            | X\$18=                                  |                        |
|   | Independent   | •2  | Minus          | }   | 1                             | =                | - | X40=                |                        | OR                            | X80=                                    |                        |
| L   | FIRST PRESE   | NTATION OF M                              | JUIPLE DEF     | ENDEN                                     | I CLAIM                       |                  | ] | +135=               |                        | OR-                           | +270=                                   |                        |
|   | $\circ$   |   |                |   |                               |                  |   | TOTAL<br>ADDIT, FEE |                        |                               | TOTAL<br>ADDIT. FEE                     |                        |
|   |   | (Column 1)                                |                | (Colu                                     | mn 2)                         | (Column 3)       |   | ADDII: 1 EE         |                        |                               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | NUM<br>PREVI                              | HEST<br>MBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|   | Total   | ٠ كړ٧                                     | Minus          | · J(                                      | )Y                            | =                |   | X\$ 9=              |                        | OR                            | X\$18=                                  |                        |
|   | Independent   | NTATION OF M                              | Minus          | *** ~                                     | 7                             | =                |   | X40=                |                        | OR                            | X80=                                    |                        |
| <u> </u>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                |   |                               |                  |   | +135=               |                        | Øβ                            | +270=                                   |                        |
| BEST AVAILABLE COPY   |   |   |                |   |                               |                  |   | TOTAL<br>ADDIT. FEE |                        | OR                            | TOTAL<br>ADDIT. FEE                     |                        |
|   |   | (Column 1)                                |                |   | mn 2)                         | (Column 3)       |   |                     |                        |                               |   |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | NUN<br>PREVI                              | HEST<br>MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus          | **  |                               | =                |   | X\$ 9=              |                        | OR                            | X\$18=                                  |                        |
|   | Independent   | •   | Minus          | ***                                       |                               | <u> </u>         |   | X40=                |                        | OR                            | X80=                                    |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                |   |                               |                  |   |                     |                        | 1                             | <b></b>                                 |                        |
| * If the entry is column 1 is less than the entry is column 0 white "O" is column 2 |   |   |                |   |                               |                  |   |                     |                        | OR                            | +270=                                   |                        |
| **  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                |   |                               |                  |   |                     |                        |                               |   |                        |